

SEP 12 1941

STANDARD CERTIFICATE OF DEATH

State File No.

3162

Registration District No. 311

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2843 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months
18 Months (Specify whether
In this community years, months or days) 1

3. (a) PRINT FULL NAME SARAH JANE ELLIOTT

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced, Widowed
6. (b) Name of husband or wife Erastus E. 6. (c) Age of husband or wife if alive 1859 years
7. Birth date of deceased January 22 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Guernsey County Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Mr. Voorhes
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Hinckley
(b) Address 3919 Scarritt

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof August 23 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) 8/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2843 Troost (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1941 hour 11 minute 15 p. M.

21. I hereby certify that I attended the deceased from July 28 1941 to Aug. 21 1941;
that I last saw her alive on Aug. 20 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Oedema of Lungs Duration 3 days

Due to Carcinoma of Uterus 9 years

Due to 48 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature James J. Flynn (M. D. or other) M.D.
Address 2204 E. 31st Date signed 8/22/41

3108 Brooklyn
3604. Benton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

P. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27504

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3162

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL")
(c) Name of hospital or institution: Nora J. Clark Home
2843 Proast
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
In this community 18 months
(Specify whether years, months or days)

3. (a) PRINT
FULL NAME

Sarah J. Elliott

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 40 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June

year 1941

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on June 10, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(c) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

